

8865

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018129

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4395

STATE FILE NUMBER

FILED MAY 3 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ST ANTHONY'S

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

c. CITY

OR TOWN

ST LOUIS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

2820A TEXAS

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First  
GEORGE

Middle

Last  
REISCH

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Never Married ☐Widowed ☐

## 8. DATE OF BIRTH

Nov 3-96

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DAIRY WORKER

## 10b. KIND OF BUSINESS OR INDUSTRY

PEVELY DAIRY

## 11. BIRTHPLACE (City and state or country)

Mo

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JOSEPH REISCH

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

JULIA REISCH

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

JULIA REISCH 2820A TEXAS

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebrovascular Accident

## INTERVAL BETWEEN ONSET AND DEATH

## DUE TO (b)

Cerebral arteriosclerosis

## DUE TO (c)

Generalized Arteriosclerosis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic gangrene &amp; amputation Rt leg

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

331X

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

2/28/58

to

4/19/63

and last saw him alive on

4/19/63

Death occurred at

11:00 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

D. Campbell M.D.

## 22b. ADDRESS

4268 Delor

## 22c. DATE SIGNED

4/20/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

April 22-63

## 23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

## 23d. LOCATION (City, town, or county)

ST LOUIS Mo

## 24. FUNERAL DIRECTOR

Thomas Kutis 2906 Gravois

## 25. DATE RECD. BY LOCAL REG.

APR 22 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carley Thompson  
Licensed Embalmer No. 4861

P. O. Address St. Louis 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

12th 2:30 pm  
Haw 1 - 3434  
4268 Elder  
Alm. Henderson

To 5-1100